

## Provider Type 57 Elderly in Adult Residential Care Waiver Reimbursement Schedule

Updated: May 1, 2015

The data contained in the schedule is made available to provide information and is not a guarantee by the State or the Department or its employees as to the present accuracy of the information provided herein. For example, coverage as well as an actual rate may have been revised or updated and may no longer be the same as posted on the website.

**Note:**

Procedure codes with a rate of \$0.00 are reimbursed at 62% of Usual and Customary charges unless noted otherwise in Nevada Medicaid policy.

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[Modifier List](#)

Specialty	Proc	Mod	Desc	Rate
000	S5126	U1	ATTENDANT CARE SERVICE /DIEM	20.00
000	S5126	U2	ATTENDANT CARE SERVICE /DIEM	45.00
000	S5126	U3	ATTENDANT CARE SERVICE /DIEM	60.00
000	T1016		CASE MANAGEMENT	25.75
036	T1016		CASE MANAGEMENT	25.75
207	S5126	U1	ATTENDANT CARE SERVICE /DIEM	20.00
207	S5126	U2	ATTENDANT CARE SERVICE /DIEM	45.00
207	S5126	U3	ATTENDANT CARE SERVICE /DIEM	60.00
303	T1016		CASE MANAGEMENT	15.84